

Name of the Applicant: _____

Paediatrics	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges		
1. Sedation for Procedures	<input type="checkbox"/>	<input type="checkbox"/>
2. Lumber Puncture	<input type="checkbox"/>	<input type="checkbox"/>
3. Bone marrow aspiration	<input type="checkbox"/>	<input type="checkbox"/>
4. Advanced asthma care with the use of inhalation assisted devices	<input type="checkbox"/>	<input type="checkbox"/>
5. Minor procedure such as skin biopsy	<input type="checkbox"/>	<input type="checkbox"/>
6. Percutaneous venous catheter insertion (PICC)	<input type="checkbox"/>	<input type="checkbox"/>
(B) Special Privileges		
7. Neonate - Ventilatory care of neonates	<input type="checkbox"/>	<input type="checkbox"/>
8. Neonate - Exchange Transfusion and umbilical vessels cannulation	<input type="checkbox"/>	<input type="checkbox"/>
9. Haematology/Oncology - Bone marrow harvesting and infusion for BMT	<input type="checkbox"/>	<input type="checkbox"/>
10. Haematology/Oncology - Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
11. Haematology/Oncology - Paediatric Haematopoietic Stem Cells Transplantation	<input type="checkbox"/>	<input type="checkbox"/>
12. Haematology/Oncology - Plasmapheresis	<input type="checkbox"/>	<input type="checkbox"/>
13. Oncology - Intrathecal chemotherapy administration	<input type="checkbox"/>	<input type="checkbox"/>
14. Oncology - Trepine biopsy	<input type="checkbox"/>	<input type="checkbox"/>
15. GI/Hepatology - Endoscopic Procedures	<input type="checkbox"/>	<input type="checkbox"/>
16. GI/Hepatology - Needle Biopsy of the Liver	<input type="checkbox"/>	<input type="checkbox"/>
17. GI/Hepatology - Paediatric Gastrointestinal Endoscopic procedures	<input type="checkbox"/>	<input type="checkbox"/>
18. Nephrology - Needle Biopsy of the Kidney	<input type="checkbox"/>	<input type="checkbox"/>
19. Cardiology - Paediatric Balloon Atrial Septoplasty	<input type="checkbox"/>	<input type="checkbox"/>
20. Cardiology - Paediatric Balloon Valvuloplasty/ Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>
21. Cardiology - Paediatric Cardiac Catheterisation	<input type="checkbox"/>	<input type="checkbox"/>
22. Cardiology - Paediatric Transluminal Occlusive Device Implantation	<input type="checkbox"/>	<input type="checkbox"/>
23. Cardiology - Paediatric Transoesophageal Echocardiography	<input type="checkbox"/>	<input type="checkbox"/>
24. PICU/Cardiology - Elective Pericardiocentesis	<input type="checkbox"/>	<input type="checkbox"/>
25. PICU/ Nephrology - Placement of Peritoneal Dialysis Catheter	<input type="checkbox"/>	<input type="checkbox"/>
(C) Others (Please specify)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____